

## INFECTION - Health Care Use &amp; Policy Studies

PIN76

## IMPACT OF TRANSFERRING ARTS DISPENSING FROM HOSPITAL TO COMMUNITY PHARMACIES: A PILOT STUDY IN PORTUGAL

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**OBJECTIVES:** Currently, in Portugal, People Living with HIV (PLHIV) refill antiretroviral therapy (ART) at Hospital Pharmacies (HP). We aimed to assess the impact of transferring ARTs dispensing from HP to community pharmacies (CPs) in the Portuguese setting. **METHODS:** Non-controlled, prospective observational study conducted at CPs on PLHIV. Eligible participants were adult PLHIV on ART with undetectable viral load. Participants were consecutively recruited during the follow-up medical visits in a Lisbon public hospital and selected a CP of their convenience for ART refill. Recruitment started in December 2016 and the study was prematurely interrupted in October 2017. Self-administered questionnaires were used to compare waiting time, ART adherence, health-related quality of life and satisfaction with ART dispensing at HP (i.e., recalling the previous 6-months ART dispensing experience in HP) versus ART dispensing at CPs. At each visit, pharmacists collected data on drugs dispensed, pharmacists' intervention and characterization of access to the pharmacy (i.e., itinerary, travel modes and times). **RESULTS:** 29 pharmacies recruited 43 PLHIV and none withdrew during the study. All PLHIV were followed for at least 6 months (mean follow-up period: 218 days). Waiting and travel times significantly decreased, 3.6 and 3.7 times, respectively, with the change of dispensing setting. Walking was the most frequently used travel mode in the itineraries to CPs (59.0%), whereas it accounted for 19.3% in the



case of HP. PLHIV reported a significant increase in satisfaction levels regarding waiting time, privacy, dispensing schedule and overall satisfaction ( $p<0.05$ ). No significant changes in health-related quality of life and ART adherence were found.

**CONCLUSIONS:** For PLHIV with undetectable viral load, changing the ART dispense setting from HP to CPs is feasible and may have a significant and positive impact on PLHIV satisfaction and access times, while not compromising privacy, quality of life and adherence to treatment.